

SWEETWATER COUNTY SCHOOL DISTRICT NUMBER ONE

Request for Family or Medical Leave of Absence

Employee's Name: _____ Today's date _____

Address: _____

City, State: _____

ZIP Code: _____

Does your spouse work for the District? Yes No

Reason for taking leave: (check one)

- to care for my child after birth or placement in adoption or foster care;
- to care for my spouse, child, or parent who has a serious health condition; or
- my own serious health condition makes me unable to perform at least one of the essential functions of my job.
- for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation.
- to care for a spouse, child, parent or next of kin who is a current member of the armed forces with a serious injury or illness.

For leave to be taken all at once, rather than intermittently or on a reduced workweek:

Date leave is to start: _____

Date I expect to return to work: _____

For leave to be taken intermittently or on a reduced workweek:

Schedule of time needed off:

NOTE: Intermittent or reduced-schedule leave for the birth or placement of a child is subject to the District's approval and the applicable collective bargaining agreement.

Employee's signature: _____ DATE: _____

Supervisor's signature: _____ DATE _____